

Date Received: _____

CITY OF HUNTSVILLE PARKS AND RECREATION DEPARTMENT

FACILITY USE APPLICATION

(Applicant must be 21 years of age or older)

Name of Group or Organization: _____

Non-profit Organization: Yes: _____ No: _____] [If YES, provide a copy of your 501(c)(3) information]

Group Liability Insurance? Yes: _____ No: _____ (Certificate naming City as co-insured may be required)

Contact Person (must be over 21): _____ Title: _____

Address: _____

Street
City
State
Zip

E-mail Address: _____

Telephone: (home) _____ (work/cell) _____ Fax: _____

From: _____

Activity: _____ Date: _____ Time: To: _____

Description of Activity/Events: _____

Area(s) Requested (Gym, meeting room, etc.): _____

(Please be specific & list all areas you wish use, fee will be based on areas listed and usage will be limited to areas approved)

Will there be a fee charged for this activity? Yes _____ No _____ If yes, \$ _____ per _____

Is this activity open to the general public? Yes _____ No _____ Maximum No. of People Attending: _____ Adults _____ Children _____

Will any of the following be involved? Food _____ Alcohol _____ Band _____ Decorations _____ Chairs # _____ Tables # _____

Other Info: _____

Submitted by: _____ Time: _____ Date: _____
(Applicant must be 21 years of age or older)

Reservations are made on a first come-first served basis.

Reservations are not confirmed until application is reviewed, all required documentation is received and full payment is received.All documentation must be on file at least 48 hours prior to the scheduled event, or the City of Huntsville has the right to deny use of the requested facility.

Reservations must be cancelled five (5) business days in advance to qualify for a refund.

Refunds require the return of the original receipt and a 3-6 week processing period.

(To be completed by Parks and Recreation Department Staff)

Application Received by: _____ Date: _____

Application Approved/Denied by (see Status): _____

Status: Approved: _____ Denied: _____ Date: _____

Payment: Total due: \$ _____ Due Date: _____ Fee Waived by: _____

Insurance: Not Required: ☐ Required: ☐ Initials: _____ Received/Attached: _____Business License: Not Required: ☐ Required: ☐ Initials: _____ Received/Attached: _____Police Security: Not Required: ☐ Required: ☐ How Many? _____ Initials: _____

Deposit: Amt. \$ _____ Rec by: _____ Receipt # _____ Date: _____

Payment Method: Cash Check Money Order

Bal/Full Payment: Amt. \$ _____ Rec. by: _____ Receipt # _____ Date: _____

Payment Method: Cash Check Money Order

Review Info: To be completed by the Programmer/Supintendent on the back of this form.

Note: A copy of this application for all events over 100 people or requiring Police Services is to be routed through the chain of command immediately upon approval for informational purposes. A copy of all documentation (Insurance, Business License, etc.) is to be included.

(To be completed after event by User Group)

Actual Number Attending: _____ Signature: _____

Authorized Rep. of User Group

Note: Fees can only be waived by Superintendents, Manager or Director

Insurance can only be waived by the Director